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AUG 27 2004

In The United States Patent And Trademark Office

Appl. Number: 10/050,520
Applicant: Harry Giewercer
Filed: 01/18/2002
Art Unit: 2859
Examiner: Amy R. Cohen

Confirmation No. 7761

*Fee
only*

Title: Medication Dosage Reminder Device
Loc/Date: Toronto, Canada, 2004 Aug. 26, Thursday
Phone: (905) 881-1603
Fax: (905) 889-0854

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Amendment after Final

Sir:

In response to the Office Action mailed 07/20/2004, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

Page 1 of 9

Appl. No. 10/050,520
Amdt. dated Aug. 26, 2004
Reply to Office Action of July 20, 2004

Conditional Request For Constructive Assistance

Applicant has amended the claims of this application so that they are proper and define novel structure which is also unobvious. If, for any reason this application is not believed to be in full condition for allowance, applicant respectfully requests the constructive assistance and suggestions of the Examiner pursuant to M.P.E.P. § 707.07(j) in order that the undersigned can place this application in allowable condition as soon as possible and without the need for further proceedings.

Very respectfully,



Harry Giewercer

____ Applicant Pro Se _____

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CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that on the date below I will fax this communication, and attachments if any, to Technology Center 2800 of the Patent and Trademark Office at the following central number (703) 872-9306.

Date: Aug. 27, 2004 No. of pages: 9

Inventor's Signature: H. Giewercer

POLICE APPLICATION FEE OF TERMINATION RECORD

Effective January 1, 2003

Application or Docket Number:

10/050520

(Column 1)	(Column 2)
INDEPENDENT CLAIMS	MINUS 3 =

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total 24	20	4
Independent 2	3	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

9/2/04

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total 25	24	1
Independent 2	3	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	—	—
Independent	—	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 5, enter "5".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OR	OTHER THAN SMALL ENTITY
Y42	OR	X84
TOTAL	OR	TOTAL

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9-	3.00	XS 18-	—
X =	—	X =	—
+	—	+	—
TOTAL ADDIT. FEE	9.00	TOTAL ADDIT. FEE	—

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9-	9.00	XS 18-	—
X =	—	X =	—
+	—	+	—
TOTAL ADDIT. FEE	9.00	TOTAL ADDIT. FEE	—

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9-	—	XS 18-	—
X =	—	X =	—
+	—	+	—
TOTAL ADDIT. FEE	—	TOTAL ADDIT. FEE	—

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